

<b>MISSILE FIRING DATA REPORT (SHILLELAGH)</b> For use of this form, see DA PAM 700-19, the proponent agency is ODCSLOG		REQUIREMENT CONTROL SYMBOL AMC-224												
When this missile is fired, destroyed, or removed from the vehicle, this form will be sent directly to:		 <b>COMMANDER</b> <b>U.S. ARMY MISSILE COMMAND</b> <b>ATTN: AMSMI-RD-QA-RA</b> <b>REDSTONE ARSENAL, AL 35898-5290</b>												
<b>SECTION - A</b>														
1. UNIT CO/TRP _____ BN/SQDN _____ DIV/REGT _____		2. UIC OF FIRING ORGANIZATION _____												
3. VEHICLE BUMPER NUMBER _____	4. VEHICLE TYPE <input type="checkbox"/> SHERIDAN <input type="checkbox"/> M60 SERIES	5. MISSILE SERIAL NUMBER _____ 6. MISSILE LOT NUMBER _____												
7. WARHEAD TYPE <input type="checkbox"/> HEAT <input type="checkbox"/> INERT	8. WARHEAD LOT NO. <i>(If heat warhead)</i> _____	9. DATE MISSILE ASSIGNED TO TANK DAY _____ MONTH, _____ YR 19 _____												
<b>SECTION - B</b>														
10. LOCATION OF FIRING a. POST _____ b. RANGE _____														
11. PURPOSE OF FIRING <input type="checkbox"/> TRAINING <input type="checkbox"/> ANNUAL SERVICE FIRING <input type="checkbox"/> DEMONSTRATION FIRING		12. NUMBER OF MISSILES PREVIOUSLY FIRED BY THIS GUNNER _____ FIXED TARGET _____ MOVING TARGET												
13. ENVIRONMENTAL CONDITION AT TIME OF FIRING <table style="width: 100%;"> <tr> <td>a. TEMPERATURE (approx. degree)</td> <td>e. <input type="checkbox"/> CLEAR</td> <td>i. <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT</td> </tr> <tr> <td>b. <input type="checkbox"/> FOG</td> <td>f. <input type="checkbox"/> SNOWING</td> <td>j. CROSSWIND</td> </tr> <tr> <td>c. <input type="checkbox"/> MIST</td> <td>g. <input type="checkbox"/> SNOW ON GROUND</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>d. <input type="checkbox"/> LIGHT RAIN <input type="checkbox"/> HEAVY RAIN</td> <td>h. <input type="checkbox"/> SLEET</td> <td><input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</td> </tr> </table>			a. TEMPERATURE (approx. degree)	e. <input type="checkbox"/> CLEAR	i. <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT	b. <input type="checkbox"/> FOG	f. <input type="checkbox"/> SNOWING	j. CROSSWIND	c. <input type="checkbox"/> MIST	g. <input type="checkbox"/> SNOW ON GROUND	<input type="checkbox"/> YES <input type="checkbox"/> NO	d. <input type="checkbox"/> LIGHT RAIN <input type="checkbox"/> HEAVY RAIN	h. <input type="checkbox"/> SLEET	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
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14. TYPE OF ILLUMINATION <input type="checkbox"/> SEARCH LIGHT <input type="checkbox"/> FLARE <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	15. FIRING VEHICLE <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING _____ MPH (approx.)	16. TURRET CONTROL <input type="checkbox"/> POWER <input type="checkbox"/> MANUAL <input type="checkbox"/> STABILIZED												
17. DID MISSILE LAUNCH PROPERLY ON FIRE COMMAND <input type="checkbox"/> YES <input type="checkbox"/> NO	18. WERE VERTICAL TRACKING CORRECTIONS MADE DURING FLIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	19. AFTER FIRING, G AND C SET: <input type="checkbox"/> NOT CHECKED <input type="checkbox"/> CHECKED GO <input type="checkbox"/> CHECKED NO-GO												
<b>SECTION - C</b>														
20. TIME OF MISSILE FIRING TIME _____ HOURS DAY _____ MONTH, _____ YR 19 _____		21. TARGET SIZE <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED _____ FEET HIGH X _____ FEET WIDE,												
22. DIRECTION AND SPEED OF TARGET STATIONARY <input type="checkbox"/> MOVING LEFT TO RIGHT _____ MILES PER HOUR (approx.) <input type="checkbox"/> MOVING RIGHT TO LEFT _____ MILES PER HOUR (approx.)														
23. RANGE TO TARGET _____ METERS <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED	24. TARGET HIT <input type="checkbox"/> YES <input type="checkbox"/> NO	25. WARHEAD FUNCTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (INERT)												
26. TARGET IMPACT POINT <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED _____ INCHES <input type="checkbox"/> LEFT OF CENTER <input type="checkbox"/> RIGHT OF CENTER _____ INCHES <input type="checkbox"/> ABOVE CENTER <input type="checkbox"/> BELOW CENTER		27. IF MISSILE IMPACTED GROUND SHORT OF TARGET GIVE ESTIMATED RANGE _____ METERS												
28. GUNNER'S NAME _____	29. SIGNATURE (Officer in charge) _____	30. DATE _____												

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**MISSILE FIRING DATA REPORT (SHILLELAGH) (Continued)**

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**SECTION - D**

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31. REMARKS *(If Missile missed target, describe launch and missile flight)*

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32. TYPED OR PRINTED NAME AND DSN NO

33. SIGNATURE *(Officer in Charge)*

34. DATE